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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445129 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 10/05/2011 |
| NAME OF PROVIDER OR SUPPLIER FORT SANDERS SEVIER NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 709 MIDDLE CREEK RD SEVIERVILLE, TN 37862 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 431 SS=E | <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> | F 431 | <p>The Nursing Home policy for Medication Administration has been revised to include "the licensed nurse will check expiration date on all medications before administering. Do not give any medication if the medication is expired or has no expiration date present and call the Pharmacy." (see #6 on attachment A) All licensed staff members have been in-serviced on this policy. (see attachment B)</p> <p>Terry M. Brimer, Pharm. D.</p> <ol style="list-style-type: none"> 1. Investigated procedures, software, and labeling. Identified recent modifications of label formatting pushed the expiration date out of the print space on the label. Pharmacy corrected and generated new labels. Pharmacist reviewed all other labels to ensure they were correct. 2. New action- Pharmacy staff members will review all pharmacy generated labels. (see attachment C) | 10/13/11 | 10/12/11 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Eileen Whitworth* TITLE *Administrator* (X6) DATE *10/14/11*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 431 | Continued From page 1 Based on observation and interview the facility failed to ensure controlled substances had an expiration date for twenty-six residents of forty residents reviewed. The findings included: Observation on October 4, 2011, at 8:53 a.m., with charge nurse #1 revealed twelve residents of nineteen residents on wing one had controlled substances in the medication cart. Continued review of the controlled substances with charge nurse #1 confirmed the controlled substances did not have an expiration date. Observation on October 4, 2011, at 9:20 a.m., with charge nurse #2 revealed fourteen residents of twenty-one residents on wing two had controlled substances in the medication cart. Continued review of the controlled substances with charge nurse #2 confirmed the controlled substances did not have an expiration date. Interview on October 4, 2011, at 9:40 a.m., with the facility pharmacist confirmed the labeling system for controlled substances had been changed at the pharmacy resulting in the expiration dates being dropped off. | F 431 | | | |
| F 441 SS=D | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program | F 441 | To prevent this from happening to Resident #8 or any other resident, all licensed staff were informed of the need to wear gloves any time touching a pill and/or capsule with the bare hands is necessary, washing hands prior to medication administration, and cleansing hands between each resident. | | 10/13/11 |

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| F 441 | <p>Continued From page 2</p> <p>The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to maintain infection control practice during medication administration for one resident (#8) of fourteen residents reviewed.</p> | F 441 | <p>Continued from page 2</p> <p>The Medication Administration policy (see attachment A) has been revised to include the above statement, and all licensed staff members have been in-serviced (see attachment B) on this policy/revision.</p> <p>This will be monitored by each nurse being observed during the medication pass by a Pharmacist or Supervisor quarterly.</p> | 10/13/11 | | | |

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| F 441 | <p>Continued From page 3</p> <p>The findings included:</p> <p>Resident #8 was admitted to the facility on May 10, 2011, with diagnoses including Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and Anemia.</p> <p>Medical record review of the current Physician's recapitulation orders revealed "...SPIRIVA(medication for treatment of bronchospasms) CAP(capsule)...use 1 (one) Inhalation daily..."</p> <p>Observation on October 4, 2011, at 7:26 a.m., revealed charge nurse #1 administering medications to resident #8. Continued observation revealed charge nurse #1 opened the medication cart and retrieved a spiriva Inhalation device from the medication cart. Further observation revealed the charge nurse then retrieved a spiriva capsule for inhalation without washing the hands or donning gloves and placed the capsule in the inhalation device. Observation revealed Charge Nurse #1 then administered the medication to the resident.</p> <p>Interview with charge nurse #1 on October 4, 2011, at 8:05 a.m., at wing one nurse's desk, confirmed infection control was not maintained for resident #8 during the medication administration.</p> | F 441 | | | |